STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001136	A. BUILDING: _____ B. WING _____	R-C 12/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE PARK RESIDENTIAL CARE INC	2075 RIPLEY ST LAKE STATION, IN 46405

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the PSR to the PSR completed on October 3, 2013 to the State Residential Licensure Survey completed on July 24, 2013. This visit was in conjunction with the PSR to the PSR to the PSR completed on October 3, 2013 to the Investigation of Complaint IN00115494 completed on March 26, 2013. This visit was in conjunction with the Investigation of Complaints IN00138574 and IN00139211. Survey date: December 17, 2013 Facility number: 001136 Provider number: 001136 AIM number: N/A Surveyor: Heather Tuttle, RN, TC Census bed type: Residential: 122 Total: 122 Census payor type: Medicaid: 113 Other: 9 Total: 122 Sample: 10 Lake Park Residential was found to be compliance with 410 IAC 16.2 in regards to the State Licensure Residential Survey. Quality review completed on December 19, 2013, by Janelyn Kulik, RN.	{R 000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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